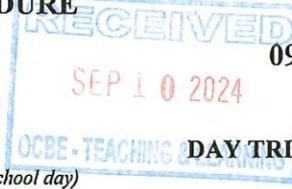


OLDHAM COUNTY BOARD OF EDUCATION
ADMINISTRATIVE PROCEDURE

FIELD TRIP BUS REQUEST FORM



OVERNIGHT

EXTENDED DAY
(Same day but extends beyond the school day)

DAY TRIP ONLY

School: NOMS

Employee(s) In Charge: Jonathan Perri Group: KYA

Destination: Crowne Plaza

Date(s) of Trip: 11/07/2024 - 11/9/24 Time of Departure: 8am Time of Return: 4pm

Approximate Mileage (one way): 18 *

Approximate Number of Students: 55

Number of Chaperones/Adults: 4

TOTAL TRANSPORTED: 60 *

Number of Buses: 0

**{44 Person Maximum for MS/HS} {60 Person Maximum for ELEM}*

**These numbers include both students and all adults (bus driver, teachers, coaches, chaperones, etc.)*

Method of Transportation (if not by school bus): Parent drop off / pick up

Common Carriers must be Board approved and should have the 8005.02F accompanying this form

**All tolls are the responsibility of the school or group requesting the trip.*

Trip Required or Optional: Optional

If optional, indicate student charges:

Transportation (mileage, driver)	\$ <u>0</u>
Admissions	\$ <u>15,825</u>
Other	\$ <u>640</u>
Total Charges	\$ <u>16,465</u>

Number of Instructional Days Lost: 2

Justification: Why is the trip necessary? What is to be learned? How will the experience be used and evaluated?

The Kentucky Youth Assembly (KYA) is an expanded, educational opportunity in which students serve as part of a model state government. KYA offers students the opportunity to learn about a wide variety of issues, develop critical thinking skills, and articulate their beliefs while engaging constructively with their peers from around the Commonwealth.

Requested by: Jonathan Perri Date: 09/09/2024

APPROVAL/DISAPPROVAL

Approved/Disapproved: Allison Steinhilber, Principal Date: 9/9/24

Approved/Disapproved: Jerry, Level Director Date: 9/16/24

Approved/Disapproved: _____, Superintendent Date: _____

**Field trips in excess of a 60-mile radius of the Board office require the approval of the Superintendent.*

**ALL Overnight Field Trips and trips using Common Carriers must be approved by the school board and Superintendent.*

*Upon approval, the school will receive an approved form from the Superintendent. **

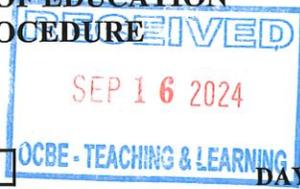
RELATED PROCEDURES:

09.36 (all procedures)

STUDENTS
▶ OCBE MTG
SEP 23 2024

09.36 AP.212

OLDHAM COUNTY BOARD OF EDUCATION
ADMINISTRATIVE PROCEDURE



09.36 AP.212

FIELD TRIP BUS REQUEST FORM

OVERNIGHT EXTENDED DAY DAY TRIP ONLY
(Same day but extends beyond the school day)

School: South Oldham High School

Employee(s) In Charge: Steve Simpson/Darren Durham/ A Franklir Group: Boys Basketball

Destination: Bowling Green KY

Date(s) of Trip: December 21-22 2024 Time of Departure: 9:00 am Time of Return: 6:00 pm

Approximate Mileage (one way): 107 *

Approximate Number of Students: 15

Number of Chaperones/Adults: 3

TOTAL TRANSPORTED: 20 *

Number of Buses: 0

**{44 Person Maximum for MS/HS} {60 Person Maximum for ELEM}*
**These numbers include both students and all adults (bus driver, teachers, coaches, chaperones, etc.)*

Method of Transportation (if not by school bus): Parents

Common Carriers must be Board approved and should have the 8005.02F accompanying this form
**All tolls are the responsibility of the school or group requesting the trip.*

Trip Required or Optional: Optional

If optional, indicate student charges:

Transportation (mileage, driver) \$ _____
Admissions \$ _____
Other \$ _____

Total Charges \$ _____

Number of Instructional Days Lost: 0

Justification: Why is the trip necessary? What is to be learned? How will the experience be used and evaluated?
Basketball Tournament

Requested by: Steve Simpson Date: 09/06/2024

APPROVAL/DISAPPROVAL

Approved/Disapproved: Maura Wooley, Principal Date: 9-6-24
Approved/Disapproved: [Signature], Level Director Date: 9/16/24
Approved/Disapproved: _____, Superintendent Date: _____

**Field trips in excess of a 60-mile radius of the Board office require the approval of the Superintendent.*
**ALL Overnight Field Trips and trips using Common Carriers must be approved by the school board and Superintendent.*
*Upon approval, the school will receive an approved form from the Superintendent. **

RELATED PROCEDURES:

09.36 (all procedures)

STUDENTS
▶ OCBE MTG ◀
SEP 23 2024

09.36 AP.212

OLDHAM COUNTY BOARD OF EDUCATION
ADMINISTRATIVE PROCEDURE



09.36 AP.212

FIELD TRIP BUS REQUEST FORM

OVERNIGHT EXTENDED DAY DAY TRIP ONLY
(Same day but extends beyond the school day)

School: South Oldham High School

Employee(s) In Charge: Steve Simpson Darren Durham A Franklin Group: Boys Basketball

Destination: Campbellsville Ky

Date(s) of Trip: December 26-28 Time of Departure: 12:00 pm Time of Return: 11:00 pm

Approximate Mileage (one way): 103 *

Approximate Number of Students: 20

Number of Chaperones/Adults: 3

TOTAL TRANSPORTED: 20 *

Number of Buses: 0

{44 Person Maximum for MS/HS} {60 Person Maximum for ELEM}
**These numbers include both students and all adults (bus driver, teachers, coaches, chaperones, etc.)*

Method of Transportation (if not by school bus): Parents

Common Carriers must be Board approved and should have the 8005.02F accompanying this form
**All tolls are the responsibility of the school or group requesting the trip.*

Trip Required or Optional: Optional

If optional, indicate student charges:
Transportation (mileage, driver) \$ _____
Admissions \$ _____
Other \$ _____
Total Charges \$ _____

Number of Instructional Days Lost: _____

Justification: Why is the trip necessary? What is to be learned? How will the experience be used and evaluated?
Basketball Tournament

Requested by: Steve Simpson Date: 09/07/2024

APPROVAL/DISAPPROVAL
Approved/Disapproved: Musina Woodley, Principal Date: 9-7-24
Approved/Disapproved: [Signature], Level Director Date: 9/16/24
Approved/Disapproved: _____, Superintendent Date: _____

**Field trips in excess of a 60-mile radius of the Board office require the approval of the Superintendent.*
**ALL Overnight Field Trips and trips using Common Carriers must be approved by the school board and Superintendent.*
*Upon approval, the school will receive an approved form from the Superintendent. **

RELATED PROCEDURES:
09.36 (all procedures)

RECEIVED

Board meeting 10/14

8

SEP 18 2024

OLDHAM COUNTY BOARD OF EDUCATION ADMINISTRATIVE REGULATION

FIELD TRIP BUS REQUEST FORM

8005.01F

Related to: Policy 8005, 4055, 8005AR, 8005.001F

OVERNIGHT [checked] EXTENDED DAY [] DAY TRIP ONLY []

School: Oldham County Middle School
Employee(s) In Charge: Emma Harrison Group: KYACDA Honor Choir Students
Destination: Lexington, KY Singletary Center for the Arts (KYACDA Honor Choir)
Date(s) of Trip: 11/1/2024-11/2/2024 Time of Departure: 12:30pm 11/1 Time of Return: 8:00pm (11/2)

Approximate Mileage (one way): 80 *
Approximate Number of Students: 20
Number of Chaperones/Adults: 21
TOTAL TRANSPORTED: 0 *
Number of Buses: 0

*{44 Person Maximum for MS/HS} {60 Person Maximum for ELEM}
*These numbers include both students and all adults (bus driver, teachers, coaches, chaperones, etc.)

Method of Transportation (if not by school bus): Parents take, stay with in hotel, and bring home

Common Carriers must be Board approved and should have the 8005.02F accompanying this form
*All tolls are the responsibility of the school or group requesting the trip.

Trip Required or Optional: Optional (required if accepted)

If optional, indicate student charges:
Transportation (mileage, driver) \$
Admissions \$250
Other \$
Total Charges \$250

Number of Instructional Days Lost: 1/2

Justification: Why is the trip necessary? What is to be learned? How will the experience be used and evaluated?
Students audition to be accepted into the elite KYACDA Honor Choir event and this is when the event takes place. All students that attend this auditioned against hundreds of other students across the state of KY and was chosen. They will rehearse and perform with other highly achieving choir students around the state and will bring that knowledge back to our schools choir program.

Requested by: Emma Harrison Date: 09/04/2024

APPROVAL/DISAPPROVAL

Approved/Disapproved: [Signature], Principal Date: 9/11/24
Approved/Disapproved: [Signature], Level Director Date: 9/26/24
Approved/Disapproved: _____, Superintendent Date: _____

*Field trips in excess of a 60-mile radius of the Board office require the approval of the Superintendent.
*ALL Overnight Field Trips and trips using Common Carriers must be approved by the school board and Superintendent.

Upon approval, the school will receive an approved form from the Superintendent. *

LF 9.11.24

OLDHAM COUNTY BOARD OF EDUCATION
ADMINISTRATIVE REGULATION FORM

FIELD TRIP PERMISSION FORM AND RELEASE

4055.01F

Relates to: Policy 4055

The undersigned parent/guardian of:

Student's Name

Birthdate

hereby grants permission for the above-named student to participate in the following field trip; including all organized activities and transportation: 11/1/24 -

Date: Friday & Saturday 11/2/24 Fee (if any): \$ 250.00

Trip Description/Location: KYACDA Honor choir - Lexington, KY

Supervising Staff Member: Emma Harrison

Approximate time of departure: NOON (12pm) Approximate time of return: next day 8:00pm

Purpose (state expected learning outcome or recreational):

KYACDA Honor choir

Transportation will be by:

Commercial Bus or Common Carrier School Bus

OCS School Bus

Other: parent take / stay overnight / bring home

Students must have proof of private insurance or student accident insurance to participate in co-curriculars or extra-curricular activities or field trips away from school.

Name of Insurance Carrier

Policy Number

Group Number

In consideration of the advantages of participation in this field trip, the undersigned agrees that the Board of Education of Oldham County, Kentucky, its agents and employees, and the driver and/or owner of the vehicle used for the field trip shall be released and exempt from any liability for damages for bodily injury or property damage that may occur during the trip, as provided by law.

To Whom It May Concern:

We (I), as Parent(s) of _____ do hereby authorize and direct the staff of Oldham County Schools to initiate the procedures deemed necessary by medical personnel to act in our child's behalf and agree to "Hold Them Harmless" for any treatment rendered. Please provide a current phone number and alternative contact number for the date of the trip.

Signature of Parent/Guardian

Date

Phone Number

Alternative Phone

OLDHAM COUNTY BOARD OF EDUCATION
ADMINISTRATIVE REGULATION FORM

NON-SICK LEAVE

5050.02F

Relates to: Policy 5050.02-5050.05, 5054

(PLEASE USE BLACK INK WHEN COMPLETING THIS FORM)

Date of Application 9/4/24
Name: Emma Harrison Employee #: 13538
School: OCMS Position: Teacher
Requested Date(s) of Non-Sick Leave: 11/1/24

Type of Request (Check One)

- Emergency Leave (OCBE Policy 5050.02)
- Personal Leave (OCBE Policy 5050.04)
- Leave Without Pay (OCBE Policy 5050.08)
- Annual Leave or Non-Contract Day (OCBE Policy 5054) (Note: Does not require Superintendent's approval. Only immediate Supervisor approval)

Away from Work Station (Check One)

- State Appointed Committee
- Management Activity
- Professional Development
- Student Contact Time
- Other (Specify)

Substitute Required:

Billing Code: OCMS360

Invoice Information in Order to Obtain Reimbursement:

Name: Whitney Hopkins

Complete Mailing Address: 4305 Brown Blvd. LaGrange Ky 40031

Purpose of Leave: (Not Required for Taking A Personal Day)

KYACDA Honor choir Event (field trip) in Lexington, KY

Signature of Staff Member

Emma Harrison

To Be Completed by The Building Principal or Immediate Supervisor:

Recommended for Approval

Not Recommended for Approval

Signature of Immediate Supervisor

[Signature]

Date

9/11/24

To Be Completed by The Superintendent or Designee

Recommended for Approval

Not Recommended for Approval

Signature of Superintendent or Designee

Date

Adopted: November 23, 1983

Revised: August 27, 1986, August 30, 1987, October 13, 1992, August 27, 1993, August 10, 1994, August 10, 1994, April 15, 1996, November 18, 1996, July 20, 1998, March 30, 2001, May 8, 2006, July 11, 2006; July 24, 2018

OLDHAM COUNTY BOARD OF EDUCATION
ADMINISTRATIVE REGULATION FORM

FIELD TRIP SUMMARY REPORT

4055.04F

Relates to: Policy 4055, 8005, 8005.001AR, 8005.02AR, 8005.03AR

Field Trip Sponsor Name: Emma Harrison

School: OCMS

Field Trip Destination: Lexington, KY - KYADA Honor choir

Date(s) of Trip: 11/1 - 11/2/24 # of Students attended: _____ Grade(s): _____

- NO Student Incidents
- Student Illness
- Medical Emergency
- Medication Incident *(lost, stolen, not given as scheduled)*
- Student Accident/Injury
- Emergency Medication administered by School staff *(Epinephrine, Diastat, Glucagon, other)*
- Student Discipline Incident

Provide a narrative account of any event that occurred during this trip and the actions taken by OCBE staff. Include all contacts/calls made to your school administrator, the student's Parent/guardian or Emergency Medical System-911.

Provide copy to Office Manager/Principal and Pupil Personnel Office

Emma Harrison

Field Trip Sponsor Signature

Date

Board Meeting 10/14

STUDENTS

09.36 AP.212

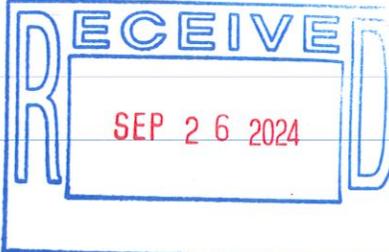
OLDHAM COUNTY BOARD OF EDUCATION ADMINISTRATIVE PROCEDURE

FIELD TRIP BUS REQUEST FORM

09.36 AP.212

OVERNIGHT [checked] EXTENDED DAY [] DAY TRIP ONLY []

School: East Oldham Middle School
Employee(s) In Charge: Kendall Ross & Randall (Eric) Phillips
Group: KYA
Destination: Crowne Plaza(Louisville, KY) & KY Annex (Frankfort, KY)
Date(s) of Trip: Nov. 7th-9th, 2024
Time of Departure: 11/7 @1 PM
Time of Return: 11/9 @ Noon
Approximate Mileage (one way): 30
Approximate Number of Students: 20
Number of Chaperones/Adults: 2
TOTAL TRANSPORTED: 21
Number of Buses: 1



*144 Person Maximum for MS/HS; 160 Person Maximum for ELEM;
*These numbers include both students and all adults (bus driver, teachers, coaches, chaperones, etc.)
Method of Transportation (if not by school bus): Parent Pickup 11/9 @NOON (from Crowne Plaza)
*Common Carriers must be Board approved and should have the 8005.02F accompanying this form
*All tolls are the responsibility of the school or group requesting the trip.

Trip Required or Optional: Optional
If optional, indicate student charges:
Transportation (mileage, driver) \$164
Admissions \$6100
Other \$816
Total Charges \$7,080

Number of Instructional Days Lost: 1.5
Justification: Why is the trip necessary? What is to be learned? How will the experience be used and evaluated?
KYA is hosted by the KY YMCA Youth Association and is a program that allows students from across KY to learn more about how our state's government functions. This includes how bills are created, debated, and written into law. This trip is a great chance for students to gain perspectives from those across the Commonwealth, learn how to speak for what they believe in, and make a difference.

Requested by: Kendall Ross Date: September 23rd, 2024

APPROVAL/DISAPPROVAL
Approved/Disapproved: [Signature] Principal Date: 9-24-24
Approved/Disapproved: [Signature] Level Director Date: 9-30-24
Approved/Disapproved: [Signature] Superintendent Date: []

*Field trips in excess of a 60-mile radius of the Board office require the approval of the Superintendent.
*ALL Overnight Field Trips and trips using Common Carriers must be approved by the school board and Superintendent.
Upon approval, the school will receive an approved form from the Superintendent. *

RELATED PROCEDURES:
09.36 (all procedures)

Board 10/1/14

OLDHAM COUNTY BOARD OF EDUCATION
ADMINISTRATIVE PROCEDURE

FIELD TRIP BUS REQUEST FORM

OVERNIGHT

EXTENDED DAY

DAY TRIP ONLY

(Same day but extends beyond the school day)

School: Oldham County High School

Employee(s) In Charge: Sarah Coleman Group: Choir

Destination: Gatlinburg, TN

Date(s) of Trip: 5/1/25-5/4/25 Time of Departure: 8:30 AM (5/1) Time of Return: 9:00 PM (5/4)

Approximate Mileage (one way): 215 mi *

Approximate Number of Students: 50

Number of Chaperones/Adults: 5

TOTAL TRANSPORTED: 55 *

Number of Buses: 0

*{44 Person Maximum for MS/HS} {60 Person Maximum for ELEM}

*These numbers include both students and all adults (bus driver, teachers, coaches, chaperones, etc.)

Method of Transportation (if not by school bus): coach bus

Common Carriers must be Board approved and should have the 8005.02F accompanying this form

*All tolls are the responsibility of the school or group requesting the trip.

Trip Required or Optional: optional

If optional, indicate student charges:

Transportation (mileage, driver) \$ _____

Admissions \$ _____

Other \$ _____

Total Charges \$ \$750 (approx)

Number of Instructional Days Lost: 1

Justification: Why is the trip necessary? What is to be learned? How will the experience be used and evaluated?

The choir program has historically taken a trip every spring. Our students are extremely involved in community outreach, leadership, and and assessment/competitions during the school year. The choir would perform at Dollywood. Other days would include sightseeing and group activities to celebrate their hard work and to increase student retainment for next year. Trip proposal attached; company is At-Ease

Requested by: Sarah Coleman Date: 09/16/2024

APPROVAL/DISAPPROVAL

Approved/Disapproved: [Signature], Principal Date: 9/20/24

Approved/Disapproved: [Signature], Level Director Date: 9/26/24

Approved/Disapproved: _____, Superintendent Date: _____

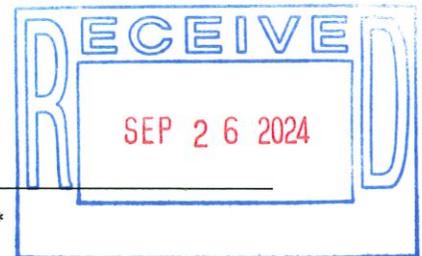
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Upon approval, the school will receive an approved form from the Superintendent. *

RELATED PROCEDURES:

09.36 (all procedures)



At-Ease Travel, LLC

Group Travel Made Easy

Oldham Co. HS Choir

Gatlinburg, 2025

Version 8/21/24

Day 1, Thursday, May 1st

8:00am Coach arrives at school
Load Luggage
8:30 Depart
Lunch in route (Fast food on own)
2:00pm Arrive in Pigeon Forge
Visit "**Wonder Works**"
5:00 Depart
5:30 ***"Pirates Voyage" Dinner Show**
8:30 Check in hotel
Fairfield Inn Pigeon Forge
Night 1 in hotel

Day 2, Friday, May 2nd

6:45am *Breakfast in hotel
8:00 Depart hotel prepared for
performance
8:30 Arrive at Dollywood
9:00 **Performance**
9:45 Enjoy the remainder of the day in
Dollywood
*Lunch and *Dinner in the park
8:00pm Depart Dollywood
8:30 Return to hotel
Night 2 in hotel

Day 3, Saturday, May 3rd

7:30am *Breakfast in hotel
9:00 Drive into Gatlinburg
10:00 Visit "**Anakeesta**"
12:00 Free time to explore the many
shops and attractions on the
Gatlinburg strip
Lunch on your own
2:45pm Meet at Gatlinburg Sky Lift
3:00 Visit "**Gatlinburg SkyBridge**"
4:30 Depart Gatlinburg
5:30 Visit "**The Island in Pigeon
Forge**"
6:00 *Dinner at **Margaritaville**
7:15 Enjoy free time at the Island
for shopping and activities
including the "**Great Smoky
Mountain Wheel**"
10:00 Return to hotel
Night 3 in hotel

Day 4, Sunday, May 4th

7:00am *Breakfast in hotel
8:00 Check out of hotel
8:15 Drive into Gatlinburg
9:00 Visit "**Ripley's Aquarium of the
Smokies**"
11:00 Depart
12:00pm *Lunch at **Timberwood Grill** in
the "Island in Pigeon Forge"
1:30 Depart
2:00 Visit "**Smoky Mountain Alpine
Coaster**"
3:30 Depart for home
Dinner in route (Fast Food on
your own)
9:00 Arrive back at school

Application for Use of Common Carrier

This application is to be completed only when transportation of students will be other than by school bus.

702 KAR 005:060 - Section 6: Item (2)

School districts may, in their reasonable discretion and with due regard to the safety and required supervision of the school children to be transported, utilize appropriately certificated common carriers, in regular or charter service, to transport school children to or from school-related events, as long as the vehicles so utilized are not significantly used as school buses. Such use of common carrier service, in lieu of qualifying school buses, shall be on a case-by-case basis, and the reasons believed by the board to justify such shall be cited in the board minutes. (SBE 24.225; 1 Ky.R. 1052; eff. 6-11-1975; 9 Ky.R. 1309; eff. 7-6-1983; 12 Ky.R. 1634; eff. 5-6-1986; 17 Ky.R. 436; eff. 10-14-1990; Crt eff. 11-16-2018.)

School: Oldham County High School Date: 9/16/25

Employee(s) In Charge: Sarah Coleman Group: Choir

Date of Trip: 5/1/25-5/4/25 Destination: Gatlinburg, TN

Main Mode of Travel: Coach Bus

Name of Major Carrier: United Coaches, Inc. Phone: 270-526-5755

Address: PO Box 51905 Bowling Green, KY 42102-6905

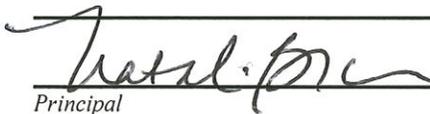
Method of transportation to the departure point: Parent transport/school bus

Type of transportation upon destination arrival:

Company name: United Coaches, Inc. Phone: 270-526-5755

Contact person if available: Kelli Phelps

Why have you selected these transportation methods? Overnight/weekend stay in Gatlinburg/Pigeon Forge, TN



Principal

Sarah Coleman

Teacher or Sponsor

(Attach a regular Field Trip Request Form (09.36 AP.21) and the Common Carrier Insurance Certificate for Board approval.)

RELATED PROCEDURES:

09.36 (all procedures)

Review/Revised:5/20/2024

Board meeting Oct. 14

STUDENTS

09.36 AP.212

OLDHAM COUNTY BOARD OF EDUCATION ADMINISTRATIVE PROCEDURE

FIELD TRIP BUS REQUEST FORM

09.36 AP.212

OVERNIGHT

EXTENDED DAY

DAY TRIP ONLY

(Same day but extends beyond the school day)

School: Oldham Co HS

Employee(s) In Charge: Dave Mutchler Group: Baseball

Destination: Panama City Beach

Date(s) of Trip: 3/30/25 - 4/4/25 Time of Departure: 0800am Time of Return: 1000pm

Approximate Mileage (one way): 653 *

Approximate Number of Students: 40

Number of Chaperones/Adults: 4

TOTAL TRANSPORTED: 44 *

Number of Buses: 0

*{44 Person Maximum for MS/HS} {60 Person Maximum for ELEM}

*These numbers include both students and all adults (bus driver, teachers, coaches, chaperones, etc.)

Method of Transportation (if not by school bus): Parents

Common Carriers must be Board approved and should have the 8005.02F accompanying this form

*All tolls are the responsibility of the school or group requesting the trip.

Trip Required or Optional: _____

If optional, indicate student charges:

Transportation (mileage, driver) \$ _____

Admissions \$ _____

Other \$ _____

Total Charges \$ _____

Number of Instructional Days Lost: _____

Justification: Why is the trip necessary? What is to be learned? How will the experience be used and evaluated?

Spring Break Baseball Trip

Requested by: Paul Holien Date: 09/12/2024

APPROVAL/DISAPPROVAL

Approved/Disapproved: [Signature], Principal Date: 9/26/24

Approved/Disapproved: [Signature], Level Director Date: 10/1/24

Approved/Disapproved: _____, Superintendent Date: _____

*Field trips in excess of a 60-mile radius of the Board office require the approval of the Superintendent.

*ALL Overnight Field Trips and trips using Common Carriers must be approved by the school board and Superintendent.

Upon approval, the school will receive an approved form from the Superintendent. *

RELATED PROCEDURES:

09.36 (all procedures)



Board meeting Oct. 14

OLDHAM COUNTY BOARD OF EDUCATION
ADMINISTRATIVE REGULATION

FIELD TRIP BUS REQUEST FORM

8005.01F

Related to: Policy 8005, 4055, 8005AR; 8005.001F

OVERNIGHT

EXTENDED DAY

DAY TRIP ONLY

(Same day but extends beyond the school day)

School: **North Oldham High School**

Employee(s) In Charge: **Brian Crumbo**

Group: **Girls Cross Country**

Destination: **Gatlinburg, TN**

Date(s) of Trip: **July 26-31, 2025** Time of Departure: **11:30 am** Time of Return: **6:00pm**

Approximate Mileage (one way): **280** *

Approximate Number of Students: **25**

Number of Chaperones/Adults: **6**

TOTAL TRANSPORTED: **31** *

Number of Buses: **0**



*{44 Person Maximum for MS/HS} {60 Person Maximum for ELEM}

*These numbers include both students and all adults (bus driver, teachers, coaches, chaperones, etc.)

Method of Transportation (if not by school bus): **Parents/chaperones will provide transportation.**

Common Carriers must be Board approved and should have the 8005.02F accompanying this form

*All tolls are the responsibility of the school or group requesting the trip.

Trip Required or Optional: **optional**

If optional, indicate student charges:

Transportation (mileage, driver)	\$	50.00
Admissions	\$	0.00
Other	\$	150.00
Total Charges	\$	200.00

Number of Instructional Days Lost: **0**

Justification: Why is the trip necessary? What is to be learned? How will the experience be used and evaluated?

Training camp and team-building trip for the fall cross country season. Male chaperones in separate building.

Requested by: **Brian Crumbo**

Date: **09/28/2024**

APPROVAL/DISAPPROVAL

Approved/Disapproved: [Signature], Principal Date: 9/30/24

Approved/Disapproved: [Signature], Level Director Date: 10/1/24

Approved/Disapproved: _____, Superintendent Date: _____

*Field trips in excess of a 60-mile radius of the Board office require the approval of the Superintendent.

*ALL Overnight Field Trips and trips using Common Carriers must be approved by the school board and Superintendent.

Upon approval, the school will receive an approved form from the Superintendent. *

Oct. 14 board meeting

Field Trip Bus Request Form

OVERNIGHT

EXTENDED DAY

DAY TRIP ONLY

(Same day but extends beyond the school day)

School Oldham County Middle School

Employee(s) in Charge: Elizabeth Gorbandt Group: KYA

Destination: Crowne Plaza Louisville

Date(s) of Trip: 11/7/24-11/9/24 Time of Departure: 11:30 a.m. Time of Return: Parent Pick Up

Approximate Mileage (one way): 25 miles

Approximate Number of Students: 15

Number of Chaperones/Adults: 2

TOTAL TRANSPORTED: 16 1 bus

**(44 Person Maximum for HS/HS){60 Person Maximum for ELEM}*

**These numbers include both students and all adults (bus driver, teachers, coaches, chaperones, etc.)*

Method of Transportation (if not by school bus): 1 OCBE Bus

Common Carriers must be Board approved and should have the accompanying 09.36 AP.2 with this form

**All tolls are the responsibility of the school or group requesting the trip*

Trip Required or Optional: Optional

If optional, indicate student charges:

Transportation (mileage, driver) \$ 108.85

Admissions \$

Other \$ 600.00

Total Charges \$ 5,133.85



Number of Instructional Days Lost: 1.5

Justification: Why is the trip necessary? What is to be learned? How will the experience be used and evaluated? Kentucky You Assembly, mock government experience with the YMCA. Students will be debating and working as delegates and participating in the mock government.

Requested by: Elizabeth Gorbandt Date: 10/16/24

APPROVAL/DISAPPROVAL

Approved/Disapproved: [Signature], Principal Date: 10/1/24

Approved/Disapproved: [Signature], Level Director Date:

Approved/Disapproved: , Superintendent Date:

**Field trips in excess of a 60-mile radius of the Board office require the approval of the Superintendent.*

**ALL Overnight Field Trips and trips using Common Carriers must be approved by the Board and Superintendent.*

*Upon approval, the school will receive an approved form from the Superintendent. **

RELATED PROCEDURES:

09.36 (all procedures)

OLDHAM COUNTY BOARD OF EDUCATION
ADMINISTRATIVE PROCEDURE

FIELD TRIP BUS REQUEST FORM

OCT 08 2024

OVERNIGHT

EXTENDED DAY
(Same day but extends beyond the school day)

DAY TRIP ONLY

School: South Oldham Middle School

Employee(s) In Charge: Chris Morse

Group: Kentucky Youth Assembly (KYA)

Destination: KYA - Conference @ Crowne Plaza - Louisville Airport

Date(s) of Trip: Nov 7-9

Time of Departure: _____

Time of Return: _____

Approximate Mileage (one way): 25 miles *

Approximate Number of Students: 22-24

Number of Chaperones/Adults: 3

TOTAL TRANSPORTED: 0 *

Number of Buses: 0

**(44 Person Maximum for MS/HS) (60 Person Maximum for ELEM)*

**These numbers include both students and all adults (bus driver, teachers, coaches, chaperones, etc.)*

Method of Transportation (if not by school bus): Parents will transport their child to & from the hotel.

Common Carriers must be Board approved and should have the 8005.02F accompanying this form

**All tolls are the responsibility of the school or group requesting the trip.*

Trip Required or Optional: Required

If optional, indicate student charges:

Transportation (mileage, driver) \$ _____

Admissions \$ _____

Other \$ _____

Total Charges \$ _____

Number of Instructional Days Lost: 2

Justification: Why is the trip necessary? What is to be learned? How will the experience be used and evaluated?
We are attending the annual KYA at the Crowne Plaza Louisville Airport hotel.

Requested by: Chris Morse

Date: 10/08/2024

APPROVAL/DISAPPROVAL

Approved Disapproved: Lynnda Watake, Principal Date: 10-8-24

Approved/Disapproved: [Signature], Level Director Date: 10.8.24

Approved/Disapproved: _____, Superintendent Date: _____

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RELATED PROCEDURES:

09.36 (all procedures)